

Background Check Instructions

1. Make sure all designated boxes on the fingerprint card are filled-in. Information must be typed or **clearly printed in black ink**. The Connecticut Department of Emergency Services and Public Protection (DESPP) **will not** accept cards that have been **folded, incomplete and/or are illegible**. They will be returned to the sender along with the payment.

2. Fingerprints can be taken at:

- Local Police Departments
- State Police Barracks
- CT Department of Emergency Services and Public Protection
1111 Country Club Road
Middletown, CT 06457
Phone: (860) 685-8270

It is recommended that you call your local department first for days/times that fingerprints are taken. Please note that some local departments charge a fee.

Please ensure that each applicant receives a copy of the enclosed notices before obtaining fingerprints: “Agency Privacy Requirements for Noncriminal Justice Applicants,” “Noncriminal Justice Applicant’s Privacy Rights,” and “Federal Bureau of Investigation, United States Department of Justice Privacy Act Statement.”

3. A check or money order for **\$14.75** must accompany each fingerprint card, payable to **TREASURER, STATE OF CONNECTICUT**. The check must be written exactly as shown below. **If the check is made out incorrectly, it will not be accepted.** This delays the background check process. If a check has been returned for an incorrect amount, do not cross out the information, a new check must be submitted. **Altered checks are not accepted. CASH IS NOT ACCEPTED.**

Jane Doe/John Doe	
Address	
Town, CT	Date <u>MO/DA/YR</u>
Pay to the Order of <u>TREASURER, STATE OF CONNECTICUT</u>	\$ 14.75
<i>Fourteen dollars and 75 cents</i> DOLLARS	
MEMO _____	<u><i>Jane Doe</i></u>
00000000000000000000000000000000	

4. **State Applicant Fingerprint Card (Green)**

- Fingerprints must be taken on a green card, stamped “Office of Early Childhood”.
- Cards from other agencies are not accepted.
- Fill in all boxes marked with "1's" in them.
- **DO NOT** sign the card until you are in the presence of the officer fingerprinting you.
- Fill in the boxes that have "2's" only after your fingerprints are completed.

- Leave blank all fields that do not have a number in them.

5. **DCF Release Form**

- **Separate forms** must be filled out for each household member over the age of 16 or for every employee.
- Indicate the type of facility (if an employee will be working for the same operator, but at more than one location-list all locations/license numbers)
- If the facility is not yet licensed, but an application has been submitted- write **PENDING** in place of the license number.
- List **ALL** children who have **EVER** lived with you- not just current household members.

Please return all background check forms to:

OFFICE OF EARLY CHILDHOOD

Legal Division

410 Capitol Ave. MS#12CBR

P.O. Box 340308

Hartford, CT 06134-0308

◆ **The following should be enclosed:**

- ✓ A completed State fingerprint card
- ✓ A completed “Authorization for Release of Information from DCF” form
- ✓ Check or money order for \$14.75 (per applicant); payable to “Treasurer, State of CT”

To re-order applicant fingerprint cards and DCF Release forms please call the Background Check Unit at (800) 282-6063 or (860) 509-8303 or in writing at the address listed above.